

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>05/02/05</u>		2 Serial/Patent # <u>10/517173</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED								
<input type="checkbox"/>	Filing		\$								
<input type="checkbox"/>	Amendment		\$								
<input type="checkbox"/>	Extension of Time		\$								
<input type="checkbox"/>	Notice of Appeal/Appeal		\$								
<input type="checkbox"/>	Petition		\$								
<input type="checkbox"/>	Issue		\$								
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$								
<input type="checkbox"/>	Maintenance		\$								
<input type="checkbox"/>	Assignment		\$								
<input type="checkbox"/>	Other <u>Overpayment</u>		\$ <u>44.00</u>								
		7 TOTAL AMOUNT OF REFUND									
		\$ <u>44.00</u>									
10 REASON:		8 TO BE REFUNDED BY:									
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Treasury Check								
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	Credit Deposit A/C #:								
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
<u>The applicant paid for an independent claim which does not exist.</u>											
11 REFUND REQUESTED BY: <u>W. Alvarado</u>											
TYPED/PRINTED NAME: <u>WINSTON ALVARADO.</u>		TITLE: <u>Paralegal.</u>									
SIGNATURE: <u>Winston Alvarado,</u>		PHONE: <u>703-208-9290</u> <u>Ext. 206.</u>									
OFFICE: <u>National Stage PDEO.</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>5-04-05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Check Refund

Refund Status Window Help



Refunded Payment

Payment from check no.: 0128
Bank Routing Code: 063100277
Acct No.: XXXXXXXXXX030

APPROVED

Check Refund

Number: 144408

Hold Date: 05/02/2005

Amount: 44.00

Treas Check No:

Refund Cat: **NONGOVNMNT**

Status: INPROCSS

Issue Method

☐ Electronic
☒ Paper

PCT Code

☐ WIPO
☐ EPO
☐ None

Fee Cd:

Name/Number: 10517173

Mailing Address

Payee Name: DAVID A. GUERRA

Attention:

Street:

933 OLANDERWAY SOUTH SUITE 3

City:

SOUTH PASADENA

Province:

State:

FL

Country:

US

Postal Code: 33707

Tax Identification No:

SAVE SUCCESSFUL!

WALVARAD

05/02/2005

Correspondence Address

Customer Number

29689

Change Reason

Directly Supplied

Name * DAVID A. GUERRA

Street * 833 OLANDER WAY SOUTH, SUITE 3

City * SOUTH PASADENA

State/Province FL Postal 33707 Country * US

Save

Refresh

Clear

Other Contact Information:

Phone No. / Ext.

727-345-1450

Fax No.

727-345-8442

E-Mail

Print

Cancel

Last Modification

KMOHAMMED

02/22/2005

walvarado

04/29/2005